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Regis University
Rueckert-Hartman College for Health Professions
Loretto Heights School of Nursing
Doctor of Nursing Practice Capstone Project

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Impact of a Nurse Residency Program on First-Year Retention Rates for New Graduate Nurses

Cathern S. Velasquez

Doctor of Nursing Practice Degree

Regis University

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EXECUTIVE SUMMARY

Impact of a Nurse Residency Program on First-Year Retention Rates for New Graduate Nurses

Problem

Today's new graduate nurses face unique challenges upon entering clinical practice, post academic experience. The transition from the academic learning environment to competent professional is a critical point in the new graduate nurse's professional development. Lack of support for this population of nurses may impact the health care organization's retention rate for this group, presenting a decreased organizational return on the typical first-year investment of approximately \$80,000.00 per new graduate nurse (Jones, 2007). The Institute of Medicine (2010) encouraged organizations to provide nurse residency programs for new graduate nurses to properly support this group. The problem statement addressed by this study is: "Among new graduate Registered Nurses with a Bachelor of Science in Nursing degree, does participation in a nurse residency program result in the increased retention of these nurses, one year post-graduation?"

Purpose

The purpose of this capstone project was to explore if participation in a nurse residency program would positively impact the retention rate of the new graduate nurse population, during the initial year of clinical practice in the academic medical center setting.

Goals

The goals of the project were to successfully implement a nurse residency program in the academic medical center practice setting, to measure participant satisfaction with the level of support the program would provide during the initial year of practice, and increase the first year retention rate for this population of nurses.

Objectives

Project objectives included: measure the level of participant satisfaction with the support provided to the new graduate nurses by the nurse residency program, and describe the post-participation retention rate for this group of new graduate nurses.

Plan

A needs assessment and subsequent literature review was conducted using published evidence. An instrument was provided to measure participant satisfaction with the support provided by the Program in Likert scale format. IRB approvals obtained from Regis University Rueckert-Hartman College for Health Professions and the academic medical center affiliate university. Post-participation data was collected and evaluated from graduates of the inaugural cohort of program participants who remained employed at the initial organization of hire.

Outcomes

A total of 15 participants began the program as new graduate nurses hired into full-time staff nurse positions in the practice environment. Of the initial group, 14 participants were found to have successfully completed the program and thus remaining employed in the initial practice setting, post-program completion. Responses to the survey were evaluated by measuring the extent to which the nurse residency program supported the new graduate nurses during the initial entry to practice year.

Acknowledgements

This work is dedicated to my husband Jeff for his assistance during the editing process and statistical analysis of this work, and also to our sons Alex, Joshua and Jared who continually inspire me to do what I can to leave the world a better place for future generations.

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This work is also dedicated to my mother, Rosalee Allen, who passed away during the course of my doctoral studies. Without her enthusiastic encouragement for me to continue this effort in support of the Nursing profession, the completion of this study would not have been possible.

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Impact of a Nurse Residency Program on First-Year Retention Rates for New Graduate Nurses

Problem Recognition and Definition

Today's health care environment demands that high quality patient care outcomes be directly related to reimbursement for services. Because of this cost versus quality focus, evidence-based practice is highly sought in order to meet the demand for quality outcomes at the point of care. A key focus of this strategy is to decrease the cost while improving the quality of the care received (Kane and Radosevich, 2011).

A nursing-sensitive outcome that focuses on the known gap between the end of an academic experience and competent clinical practice for the new graduate nurse (Meyer Bratt, 2009) forms the basis for this capstone project. To address this gap, the Institute of Medicine's report "The Future of Nursing: Leading Change, Advancing Health" (IOM, 2010) recommends overhauling nursing education by providing a practice-focused nurse residency program that addresses the professional development needs of new graduate nurses. A major outcome of this recommendation is to enhance the retention rate of adequate numbers of these professionals in the acute care setting. Therefore, the primary outcome to be examined for this capstone project will focus on the retention rate of participating RNs at the end of a twelve-month nurse residency program.

The following PICO question provides the foundation for this capstone project:

- P:** New graduate RNs with their Bachelor of Science in Nursing (BSN) degree in first year of practice (new hires).
- I:** Participation in a 12-month nurse residency program at an academic medical center acute care practice setting upon hire.
- C:** New graduate RNs with their BSN degree in first year of practice, prior to initiation of a nurse residency program

O: Increased retention of newly-hired RNs with their BSN degree at an academic medical and acute care trauma center.

The problem statement resulting from this capstone question is:

“Among new graduate RNs with their BSN degree, does participation in the BSN nurse residency program result in increased retention of these RNs, one year post-graduation?”

A secondary outcome to be examined is to what extent did the support provided by the nurse residency program contribute to these nurses’ decision to remain employed at this organization. This project will employ a satisfaction survey to help measure this outcome by utilizing the Nursing Quality Indicator for Nurse Satisfaction (National Database for Nursing Quality Indicators, 2011). Although the Program is intended to bridge the gap between the end of the academic experience and competent clinical practice, this project will also focus on organizationally sensitive outcomes (Kane and Radosevich, 2011), by measuring the retention rate for participants who successfully completed the nurse residency program.

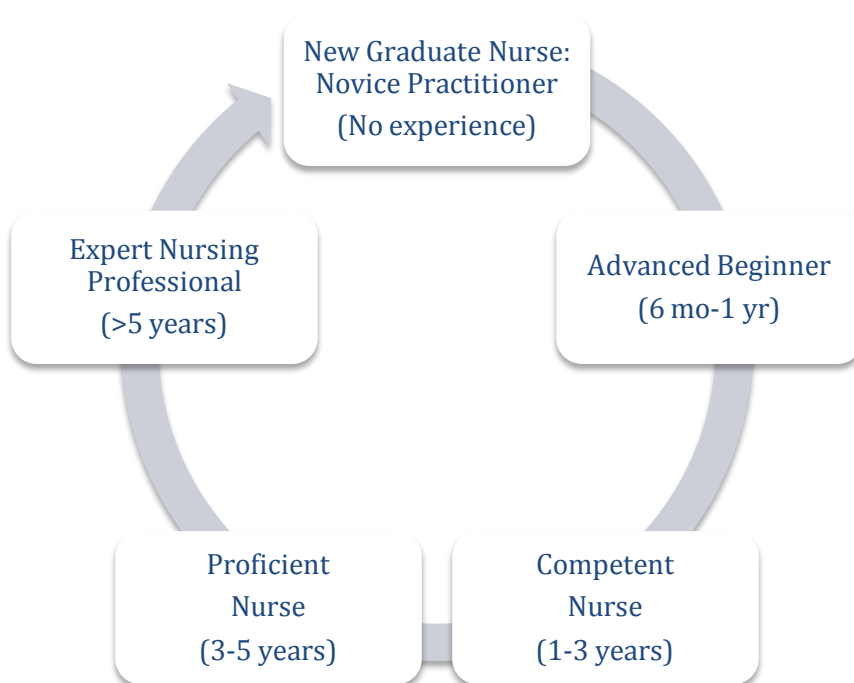
Theoretical Framework

New graduate nurses face an enormous challenge during the transition from students in an academic setting to newly licensed professional nurses. The license to practice as a registered nurse attests to the new nurse’s safety in the role as a novice nurse, not to their ability to translate empirical knowledge into clinical excellence in the practice setting. Unfortunately, the demands placed on the newly licensed registered nurse may overwhelm the novice clinician as they struggle to master time management, clinical judgment, and a heavier patient load than they had experienced as a student nurse.

In her examination of the new graduate nurse experience in the practice setting, Dr. Patricia Benner (1984) provided her theory addressing this subject in her work *From Novice To*

Expert: Excellence and Power in Clinical Practice, which reviewed data collected from the experience of the new graduate nurse during the initial clinical practice period. Benner's theory identified five stages of professional development that a new graduate nurse experiences during their transition from the academic experience to competent professional nurse. The five stages are identified as novice practitioner, advanced beginner, competent, proficient, and ultimately expert nursing professional. Since Benner's theory outlines the stages of professional development encountered during the journey from entry to practice to clinical excellence, it thus met the criteria for use with this project.

The diagram below demonstrates how Benner's (1984) theory addresses the practice issue by identifying the five levels of nursing professional development for the new graduate nurse:



(Benner, 1984)

According to Benner (1984), each nurse progresses through these five stages individually. However, collectively the average new graduate nurse takes the approximated times as noted as they progress in their skill-set and self-confidence. In order to increase the likelihood that the new graduate nurse will stay with the organization through these phases of development, it may be necessary that the academic practice partnerships provide a program that will support their journey to clinical excellence.

Review of Evidence

A comprehensive review of the literature was completed to support the needs of the new graduate nurse in clinical practice. Since nurse residency programs are a relatively new phenomenon, saturation of the literature review process was noted after exploration of approximately 35 articles on this subject published in peer-reviewed nursing journals. The database mining efforts employed to obtain these sources of evidence including utilizing the Cochrane Library and CINAHL. Topics searched from these data sources to obtain the supportive literature for this project include “new graduate nurse support”, “retention of new graduate nurses,” transition to clinical competence,” and “new graduate nurses and patient care outcomes”. This author’s efforts to review the evidence to support new graduate nurses with a nurse residency program eventually involved the international theatre, including the works of nurse leaders in England, Australia, and New Zealand.

Upon completion of this comprehensive literature search, three themes emerged from this review: retention of the new graduate nurse during the initial practice year; how providing a nurse residency program met the critical need for new graduate nurse support during the transition to clinical practice; and the impact of participation in a nurse residency program on patient care outcomes. An in-depth examination of each of these themes is provided in the

following discussion:

Impact on Retention Rates for New Graduate Nurses

Several studies identified a gap between successful academic educational preparation for new graduate nurses, and retention of these novice professionals in their initial professional practice year in the acute care clinical practice environment, Rosenfield, Smith, Lervolino and Bower-Ferres (2004) discussed the participant's perspective of participation in a nurse residency program by new graduate RNs as related to retention at the initial professional practice setting. Their study found that new graduate RNs viewed a supportive environment to be critical to their success in the new professional role. Schempp and Rompre (1986) provided an exploration of the effects of participation in a role transition program and the resultant retention rates of those new graduate nurses who participated in a nurse residency program. Their work reinforced the need for supporting the new graduate nurse during the initial post-academic year of clinical practice. Friedman, Cooper, Click and Fitzpatrick (2011) discussed a retrospective analysis of the impact of new graduate nurse retention, which was noted to be improved after participation in a supportive nurse residency program designed for this purpose. Newhouse, Hoffman, Suflita and Hairston (2007) provided retention outcomes for new graduate RNs who participated in a socialization program, versus those new graduate nurses who did not participate. The results of continuous employment for both groups demonstrated that at the 18 and 24 month marks, those new graduate nurses who had participated in a nurse residency program were still employed at the organization, versus the loss of employment for those new graduate nurses who were not involved in a nurse residency program. These findings reinforce the need for organizations to provide support to this population of nurses to improve the return on the initial investment to the clinical practice setting.

Studies by Altier and Krsek (2006) and Beecroft, Dorey, and Wenton (2007) analyzed the effect of participation in a nurse residency program for a specific cohort of new graduate nurses and provided an analysis on the resultant retention rates, compared to previous new graduate nurse groups that did not have the benefit of participation in such a program. Their findings suggest that residency programs are vital to the successful retention during the entry to practice year, post-academic experience.

Clare (1996) identified the gap between the end of academic preparation and actual clinical practice and work environments with the resultant increased retention rates for this group. Butler and Hardin-Pierce (2005) identified transition issues related to new graduate nurse experiences in practice settings, and the retention rates for this population were noted to improve as organizations provided a supportive work environment. Diefenbeck, Plowfield, and Herrman (2006) explored the role of evidence-based practice in nurse residency programs to assist this group with professional role development, with the outcome of increased retention during the first year of practice for this group. Levitt-Jones and Fitzgerald (2004) discussed the need for nurse residency programs for new graduate nurses. An important outcome of the support to these nurses included the return on the initial investment that the program participation provided on retention rates in the practice setting for this population.

The Impact of Providing a Supportive Nurse Residency Program

The impact for the new graduate nurse who participates in a nurse residency program is undoubtedly due to the supportive learning and practice environment provided by programs of this nature. Smith, and Chalker (2005) explored the perception of the new graduate RN regarding the role of the preceptor's support for the new graduate nurse residency program, which was

found to be instrumental in meeting the social support needs of this population of nurses. Dracup and Morris (2007) discussed that new graduate RNs in the acute care setting required the support of a nurse residency program to assist them with coping with the demands of the intensive practice environment of a hospital. Bjorkstrom, Athlin, and Johansson (2007) stated that baccalaureate nurses perceived themselves as competent and confident clinicians after participating in a twelve-month nurse residency program. Adlam, Dotchin, and Hayward (2009) documented the journey of new graduate RNs and the support they received in the practice setting, which was based upon a nationally consistent framework for nurse residency programs. This review of the literature supports the concept of confidence being the foundation for clinical competence and success during the initial year of clinical practice for the new graduate nurse population.

The Effect of Nurse Residency Program Participation on Patient Care Outcomes

In the literature review, positive impacts were noted in the patient care outcomes when patients were receiving care from RNs who had participated in a nurse residency program at the start of his/her career as a professional nurse. Belcher and Jones (2009) discussed how the perceptions of the nurse-patient relationship bond was enhanced for those new graduate RNs who had participated in a nurse residency program, versus the perceptions of this relationship by those RNs who had not participated in a supportive program. Their findings underscore the need for support for the new graduate nursing professional during the initial year of clinical practice. Cantrell and Browne (2006) distinguished how participation in a nurse residency program for military new graduate nurses assisted these professionals to cope with the demands of the profession while learning to improve patient care using evidence based practice. Welding (2011) discussed how patient care outcomes were measurably improved when care was provided by

nurse residency program-supported new graduate nurses, when being compared to the care received by those nurses who had not had the same opportunity for professional development during the entry year into clinical practice. These findings demonstrate the impact that a supportive practice environment for new graduate nurses has on profession of Nursing in general, and to the patient population served in particular.

To summarize the literature review results, all involved stakeholders are positively impacted when an organization seeks to support the new graduate nurse during their first year of clinical practice. Providing a nurse residency program designed expressively for this purpose is the key element in outcomes related to nurse retention during the initial year of practice. Supporting new graduate nurses as they transition into their new roles as professional nurses is an important component for the new graduate nurse. Patient care outcomes are a direct result of receiving nursing care from a properly trained and supported professional nurse, during the initial year of clinical practice.

Project Plan and Evaluation

Market and Risk Analyses

The product provided by this capstone project is the nurse residency program, with the activities occurring in a regional academic medical center and Level-One trauma center acute care setting. The stakeholders for this Program include the new nurses employed in an academic medical center, the health care organization employer, and the patients who receive care from the new graduate nurses. An examination of the stakeholders for the nurse residency program is the logical next step in this discussion.

Typical nursing applicants would include those new graduate nurses who are seeking a supportive learning environment where demonstration of a standardized set of clinical skills and critical thinking skills are utilized. The organization that is seeking quality nurses, and wishing to retain the new graduate nurses hired at their institution, is another stakeholder for the nurse residency program. Ultimately, patients who are receiving care from these new graduate nurses are impacted, and patients deserve a well-prepared and clinically competent nurse.

SWOT Analysis

Internal environmental factors include strengths and weaknesses that impact the retention of the new graduate nurse who may choose the hospital environment as their initial professional practice setting.

Project Strengths

The provision for undergraduate and graduate nursing student clinical rotations is considered a strength of this organization, since support for students and ultimately the new graduate nurse is an on-going provision of professional development for these groups.

Project Weaknesses

Project weaknesses for the internal environment include operational concerns related to the interruption of staffing patterns to the nursing units in order to accommodate the expected attendance to the monthly Program activities. Management buy-in for a program that would impact each unit's budget for educational activities for the duration of the 12-month program is another weakness. Access to staff parking is a concern that may impact the retention rate for the new graduate nurse population, since staff must park in approved areas only that are located 2-3

blocks away from the hospital campus.

Opportunities

Opportunities include the increased numbers of BSN-prepared new graduate nurses educated at local university schools of nursing. It is anticipated that a newly revised, time sensitive hiring process for nursing staff will help Human Resources address marketing and hiring concerns. Monetary support from the federal government to organizations that provide post-graduate-year one nurse residency programs is an outstanding incentive for health care organizations to provide this population with an increased level of support.

Threats

Budget constraints, created by the current economy, may threaten current and future funding of the nurse residency program. The availability of new graduate nurses may become an issue, as this situation tends to occur in a cyclical fashion. Other regional medical centers may entice new graduates to work in environments that are less stressful and in better locations.

Driving and Restraining Forces: The Need for Organizations to Provide Support

The target market for residency programs is the new graduate nurse. These nurses are recent university and School of Nursing graduates who have accepted full-time employment in an acute patient care environment. Needs for this group include hospital and nursing orientation tailored to the novice nurse and include unit based orientation, mentorship, organizational immersion, and the opportunity to expand their focus as new nursing professionals.

To support this reality, the nurse residency program is offered biannually to accommodate the influx of new graduate nurses. The nurse residency program's activities cover

a span of 12 consecutive months. With each cohort's graduation from the program, a new cohort begins a new program, so the cycle of this program is continuous. Factors that may influence this cycle include the possible addition of an August graduation by some area schools of Nursing that better accommodate student and university schedules. If this situation occurs, the nurse residency program will accommodate the new graduate RNs appropriately to ensure support is provided.

Ongoing research and development initiatives for the nurse residency program are an essential part of the continual development. Monthly evaluations are provided to the participants that detail all Program activities. Additionally, summative evaluations are provided to all successful Residency Program participants when the Residency year is completed. Plans for continued Program development include the integration of the advanced practice nurse groups at this hospital to provide clinical observations for the Nurse Residents. Continual collaboration with Department Directors from all clinical observation areas utilized by this program has resulted in the production of a department-specific brochure featuring key clinical knowledge "take-away" items that were a focus of the observation experience for the particular clinical area. Learning modules reflecting policies and procedures for the specific clinical observations areas are provided in an electronic format for ease of access for the nurse residency program participants. These learning modules for the core didactic curriculum provided at the program workshops undergo a comprehensive curricular review on a bi-annual basis to ensure that organizational and accreditation benchmarks are achieved thereby insuring quality and maintenance of national accreditation for program excellence.

Associated with this program are various clinical experts who facilitate resident support needs during the clinical observations. The advanced practice educators of this hospital will provide mentorship. Additionally, nurse directors and other nursing department leadership

provide topics of interest to the residents during the interactive workshops. These topics include: Clinical Conflict Resolution, Documentation Training, Effective Communication, Pain Management and End of Life Care. These support positions will be provided by master's degree prepared nurse leaders and content experts with academic preparation at the level and focus required by their various job descriptions.

Organizational Feasibility to Provide Nurse Residency Programs

Organizationally, the provision of a nurse residency program is expected to positively impact the retention rate (Hauck, Griffin, & Fitzpatrick, 2011) for the new graduate nurses who choose to accept employment at the providing organization. This is the direct result of the expanded supportive mechanism of a nurse residency program for the extended period of 12 months. The program is provided to support each new graduate RN and is provided in addition to the unit-based clinical orientation and educational support provided to each participant.

Organizational Risks Related to Lack of New Graduate Nurse Support

Health care organizations assume the risk of negative patient care outcomes when they elect to omit the provision of support to the new graduate nurse population during the entry year to professional practice (Dracup and Morris (2007)). The nurse residency program provides the support new graduate RNs need to grow into their new professional roles. In their work on this subject, Dracup and Morris demonstrated a link between the lack of organizational support of new graduate nurses during the first year of clinical practice and negative patient care outcomes. Conversely, recent new graduate nurses who had experienced this level of support were more comfortable in their professional roles, and improvements to the metric for overall patient care outcomes were noted.

Stakeholders and Project Team

The project team providing the nurse residency program would consist of content experts in an academic medical center's Department of Nursing. These professional registered nurses would administer the nurse residency program for the primary stakeholders: new graduate registered nurses. Patients who would receive nursing care from these new graduate nurses would expect their care to be provided by skilled and competent nurses; thus, patients are identified as the secondary stakeholders for the purpose of this study.

The program operates under the administrative direction of the Chief Nursing Officer and the Department Director of Education and Research. These senior administrative leaders provide strategic planning and clinical leadership for the residency program activities. The professional development coordinator for the residency program functions as the operational development manager and primary facilitator for this portion of the strategic plan of the Nursing Education and Research department. The coordinator provides leadership to the nurse residency program, including arranging appropriate clinical observations and facilitating workshop curriculum and content designed to meet the identified needs of the new graduate nurse.

Cost-Benefit Analysis

Professional nursing practice is focused on initiatives designed to decrease the cost for, and to increase the quality of, patient care being provided in the academic medical care center practice setting (Kane and Radosevich, 2011). When providing a nurse residency program in the clinical practice setting, organizations often look to the amount of capital investment required to initiate and maintain the program, versus the rate of return on the initial investment, to validate the success in attaining organizational goals (Jones, 2008). Providing such intensive programs to new graduate nurses is an expensive endeavor, considering the salary and benefits package provided to each nurse resident and to the

program coordinator. However, these costs have been shown to be offset by the savings in the increased retention of these new graduate nurses, since the costs to attract the new graduate nurse target market provide mandated organizational hiring and clinical orientation training. The cost to support the professional development of a new graduate nurse is approximately \$80,000.00 during the initial year of employment (Jones, 2008). The Wisconsin program was able to demonstrate that if at least one nurse was prevented from leaving the organization during the first year, the program coordinator's costs to provide the program were recuperated (Meyer Bratt, 2009). The savings to the 10 organizations that realized a 90% retention rate of all new graduate nurses during the first year of hire translates into several million dollars in savings to the organization's finances (Meyer Bratt). This analysis demonstrates the cost effectiveness of providing this program to new graduate nurses employed in an academic medical center and regional Level-One Trauma Center patient care setting.

The evidence outlined in this section validates the winning situation that a nurse residency program can provide to organizations, nursing professionals, and ultimately to the patients they serve. The nurse residency program is provided to the new graduate nurses hired at this organization with minimal financial impact to the strategic planning of Department of Nursing at this organization. New graduate nurses gain the benefit of a supportive learning and practice environment while accruing salary and benefits during the program. Health care organizations choosing to provide this level of support to new graduate RN's would need to have the requisite qualified staff to provide nursing care to the patient populations served. Replacement costs associated with the continual hiring processes for new graduate nurses who

do not remain with the initial employer are another comparison factor for this stakeholder.

Due to the exceptional continuing education and support opportunities provided by this organization to the new graduate nurses, impacts to patient care outcomes are expected to reflect these efforts. Patient satisfaction survey results are expected to demonstrate a positive impact. The cost-effectiveness of the residency program and the incorporation of the use of evidence-based practice projects by the participants to regularly reflect best practice initiatives are expected to impact the Department of Nursing as well as organizational financial goals. Point-of-care nursing quality indicator data (NDNQI, 2011) is expected to impact patient care outcomes with excellence orientation as the foundation. These improvements would result in increases in federal health care reimbursement for the acute care practice setting, due to the provision of new graduate RN support by the nurse residency program (Jones, 2008).

Mission, Vision and Goals of the BSN Nurse Residency Program

As part of the business planning designed to guide the activities for this program, a vision statement was designed to reflect a vision statement of a Department of Nursing at a Southeastern regional academic medical and trauma center patient care environment. The professional vision statement for this program is to develop clinical excellence in patient care, education and research.

The chosen mission for the strategic planning phase of this program is specific to the nurse residency program, and reflects the excellence-focused mission statement of an academic medical center practice setting. The mission for this capstone project is to provide new graduate nurses with an exceptional supportive and learning environment by promoting their translation of evidence-based knowledge into excellent clinical practice with integrity and compassion.

The vision and mission statements provided correlate with the strategic and business planning of the Nursing Education and Research department functions within the organizational structure and reflects the strategic and business plans as directed by the chief nursing officer. The purpose of these mission and vision statements is to develop new graduate nurses to become excellent clinicians during their first year of professional practice. Reflecting this purpose, the vision and mission statements are appropriate for this capstone project. Nursing-sensitive outcomes that are focused upon the development of excellence for the new graduate nurse, as well as the desire to bridge the known gap between the end of an academic experience and competent clinical practice (Meyer Bratt, 2009) forms the basis for the nurse residency program as the focus of this capstone project.

Capstone Project Process

This project seeks to prepare and measure program outcomes of new graduate professional nurse participant RN's in an academic medical center during their initial post-graduate year. The group of 15 post-BSN new graduate nurses was hired into full-time positions in the urban academic medical center and trauma care setting. The objectives of the Program were designed to reflect the standards for practice-setting residency programs outlined by the Commission for Collegiate Nursing Education (CCNE, 2011). At the end of the year-long program, participants were asked to complete a survey based upon the standards set forth by the CCNE. Responses to the survey were provided in Likert-scale format and kept strictly confidential by storage in a locked cabinet in the Nursing Education and Research Dept.

Logic Model

The logic model provided for this study is focused on the acute care practice setting or hospital. The directive of the Chief Nursing Officer to provide a nurse residency program was

based upon a vision statement of an academic medical center's department of nursing to prepare "leaders in patient care, education, and research" (University of Louisville Hospital, 2010). Upon receipt of this administrative directive, the Nursing Education and Research Department initiated the nurse residency program (residency program) to reflect organizational initiatives and the strategic plan for the Department of Nursing.

An academic partnership between a research-intensive public university's School of Nursing and an academic medical center clinical practice setting is critical to the operational direction of a residency program. Because of this partnership, the School of Nursing Dean and the Program Director of the Bachelor of Science in Nursing program actively collaborate to ensure the Residency Program reflects and builds on undergraduate nursing education.

Other resources for the residency program include the academic medical center's Human Resources structure. The Human Resources professionals are familiar with the hiring practices for professional nursing staff at the clinical practice setting and will ensure candidates meet program requirements.

Professional staff members who contribute expertise to the program include clinical managers, nursing department directors, advanced practice nurse educators, and advanced practice registered nurses. These resources assist the professional development coordinator to reflect best practice initiatives for the new graduate nurse participants of the nurse residency program by providing clinically focused observational experiences to support the learning needs identified for each new graduate RN Residency Program participant.

Participation in The Joint-Commission (2011) mandated Hospital and Nursing Orientation classes and Documentation Training are all requirements of each newly hired

graduate nurse. A unit-based clinical orientation period is scheduled to follow the organizational and nursing department specific orientations. Frequent Clinical Manager and Nursing Director performance evaluations of the new graduate nurse are provided to design and monitor the successful transition to safe nursing practice in the acute care clinical setting. These requirements for organizational and Nursing Department-specific orientation classes are met by each participant, prior to beginning the Residency Program's prescribed activities which include clinically-specific training classes, clinical observations, and workshop activities. Evidence-based practice projects are the final activity and capstone project of the nurse residency program.

Outputs of the nurse residency program benefit both the participants and the organization. The nurse participants who successfully complete the program are well prepared and ready to handle the expectations placed on them. The organization benefits since these residents are more likely to stay with them.

Population and Sampling Parameters

New graduate Registered Nurses from this community who provide care to the adult populations in the acute care setting were the population participant group for this capstone project. All program participants were graduates of a traditional baccalaureate degree program in partnership with the health care organization. Baseline requirements for employment at this health care organization include demonstration of at least a 3.0 grade point average during the academic educational experience, although the mean G.P.A. of this group is 3.5. Demographics for the initial cohort included 12 females and 3 males. Optional racial demographics information provided by the initial cohort resulted in 13 of those participants as having identified themselves

as Caucasian, 1 participant identified as African American and 1 participant identified as Asian-Pacific Islander.

Appropriateness of Setting for Evidence-based Practice Project

The setting for this capstone evidence-based practice project is located in a southeastern regional academic medical and trauma care facility. This acute care setting provides clinical learning opportunities for the students of a state-funded and research-intensive university. Nurses at this location care for an underserved population with disparate health care access, which can be a challenging situation. As an innovative and research-focused level-one trauma center, this clinical practice setting is ideal for this capstone project.

Evidence-based Practice Project: Design Methodology

The Residency Program was designed in response to the identified practice issue related to lower rates of retaining the new graduate nurse during the initial professional practice year.

To address the retention concern for this population of nurses in acute health care practice settings, the author researched how other similar health care providers were responding to the needs of novice nurses hired during the immediate post-academic period. After consulting with several comparable hospital's nursing department leaders, the consensus was that retention programs designed to support new graduate nurses during the entry to practice year were a critical component to retaining newly hired nurses in their first professional nursing roles in the acute health care setting. The information gained during this research led to the design of a program that would provide the level of support needed by the new graduate nurse in the academic medical and trauma care practice environment.

After gaining approval from senior nursing administration and support from the clinical nursing management and nursing department directors, a nurse residency program was designed.

Utilizing the theoretical framework and chosen model of patient care for this acute care setting, the author collaborated with the academic partner's BSN Program Director to design and create the components of the Residency Program curriculum. After consultation with the Human Resources department to incorporate the Program into the first year job requirements for new graduate nurses, the Program was marketed to senior-level nursing students who would graduate from their BSN program in May, 2010. The interested applicants participated in the Human Resources application process, and those selected for hiring into available full-time positions were immediately enrolled in the nurse residency program activities. The program was evaluated by the Nurse Residents on a monthly basis to analyze the effectiveness of the educational support provided during each month of the role transition period. After completion of the 12-monthly Residency Program activities, a summative evaluation was provided to retained participants. The results of all responses to the evaluations were analyzed to determine program effectiveness in supporting new graduates nurse retention rates in the academic medical center. A composite analysis of all results was then compared with pre-Residency Program retention data for new graduate nurses at this organization.

Evidence-based Practice Project: Measurement of Results

A survey instrument (Appendix A) was developed to reflect identified standards for national accreditation of residency programs in clinical practice settings (CCNE, 2011). This survey was provided to the participants who demonstrated successful completion of the initial Residency Program in May 2011. The 21-question survey contained questions about the perceived impact of the nurse residency program to their current level of professional preparedness as bedside care providers. Each question on the survey was presented in Likert-scale numeric format with answers ranging from: Five representing *Excellent*; Four

representing *Good*; Three representing *Fair*; Two representing *Poor*; and One representing a response as being *Not Applicable* to the respondent (Appendix A). After collection of the returned survey data, a collective analysis was provided to reflect the Department of Nursing retention rate for the inaugural group of Program participants. This data collection was then compared with pre-Residency Program retention data for new graduate nurses at this health care organization. Retention data for the Department of Nursing's Registered Nurse demographic, including new graduate nurses, was obtained from the Human Resources Department of the academic medical center for both 2010 and 2011.

Protection of Human Rights: Procedure

After completing the CITI training modules on this topic, the author understood that this study involved the use of protected data of a vulnerable population (U.S. Department of Health & Human Services, 1979). Even though the new graduate RNs in this retroactive study had already successfully completed the nurse residency program requirements and had been provided with a Certificate of Completion, the author nonetheless worked to assure that each participant fully understood that participation in this capstone study analysis of the outcomes of the nurse residency program was voluntary, and would not in any way impact their current employment or other future employment or advancement opportunities with this organization. Each participant had the right to not participate in the survey analysis for the purposes of this capstone project. If they did choose to participate in the survey and allow their responses to be used in this study analysis, the individual nurse was free to choose to not answer any survey questions related to the Residency Program with which they are uncomfortable or otherwise do not wish to answer (U.S. Department of Health & Human Services).

Data Collection and Treatment Procedure

After all Institutional Review Board approvals were obtained by the student author's academic University and the practice setting sites, the data collection process began. Retention data for the Department of Nursing's Registered Nurse demographic, including new graduate nurses, was obtained from the Human Resources Department of the academic medical center for both 2010 and 2011. The program survey provided to all participants of the initial Residency Program was distributed by way of each clinical unit's Mail Box delivery system. Participants who agreed to respond to the survey also agreed to provide informed and implied consent for the responses to be used for this capstone project by returning the completed survey questionnaire. Respondents were asked to not identify themselves or their clinical work areas in any way in order to maintain complete confidentiality of the survey responses obtained. After completing the survey, all participants were asked to return their responses to the survey via the confidential inter-office mail delivery system provided by the health care organization within 14 days of receipt of the survey. Responses to this survey will be kept in a locked file cabinet in the Nursing Education and Research Department of the academic medical center for a period of three years. After the three-year period is past, all survey responses will be shredded in the document shredder machine that is maintained by the Department for this purpose.

Instrumentation Validity and Intended Statistics

The summative program evaluation/survey provided to the inaugural cohort at the end of the yearlong program was designed to reflect the standards for accreditation of practice-setting residency programs, as outlined by the Commission for Collegiate Nursing Education (2011). The survey contained twenty-one key elements of support and was divided into specific sections:

Clinical Skills, Critical Thinking, Ethics and End-of-Life Care, Cultural Diversity, Evidence-based Practice, Leadership and Professional Accountability.

The *Clinical Skills* section of the survey was designed to assess the extent to which clinical competence skills were gained during the residency year. Included in this section were questions addressing the extent of perceived confidence in skill acquisition and translation of knowledge and skills into the applied acute nursing care practice setting. The *Critical Thinking* portion of the survey assessed the participants' perception of knowledge gained during the clinical observations experiences, it assessed their ability to translate global care experiences of patients in other clinical settings to the current setting, and it measured their ability to apply clinical decision making skills during the Residency Program experience. The section discussing *Ethics and End-of-Life Care* provided an assessment of the nurses' broadened understanding of the ethical concerns related to end-of-life care with a focus on the Patient and Family-Centered Care model of nursing care. Also addressed in this section was a measurement of the skills obtained to advocate for the changing patient care status that requires the appropriate medical consultation to address the patient's care needs. The *Cultural Diversity* section of the survey assessed the level of preparation for providing culturally competent nursing care to populations served in a given community. Included in this section was an assessment of the practical application for culturally competent Patient and Family-Centered model of nursing care, and the level of preparation experienced by the nurses for advocating for the needs of a diverse patient care populations of an inner city academic medical center care setting. In the *Evidence-Based Practice* section of the survey, questions were provided to assess the opportunities for evidence-based knowledge translation at the bedside. This section also provided questions relating to the ongoing exploration activities for nurses to remain active in improving patient care processes, as

well as perceptions on how the evidence-based practice project activity provided by each participant contributed to the professional development of the nurse. Questions pertaining to the *Leadership* section of the survey were focused on the support provided to these nurses to become leaders in patient care, advocacy, and sustained efforts for clinical excellence as nursing professionals. Finally, the *Professional Accountability* section of the survey addressed the extent to which participants were provided with the knowledge needed to understand patient care responsibilities.

A statistical analysis will be performed on the results of this survey to determine the reliability of this instrument for predicting positive results, where the desired average participant score is 4.0, or “Good”. The statistical analysis will calculate a t-score to determine at least 95% confidence that the survey predicts positive survey results.

Project Findings and Results

Objective I: Improved Retention Rates

For this objective, the organization’s pre-Residency Program retention data for new graduate nurses was compiled from the Human Resources department of the Department of Nursing at an southeastern regional academic medical and trauma care setting. Retention data for 2010 for all nurses at this organization was noted to be 85.9%. The BSN nurse residency program was initiated in 2010 and accepted 15 new graduate nurses into the cohort. The following year, 14 of the participants successfully completed the Residency Program and maintained their employment at this organization, resulting in a 93.3% retention rate. After the initial year of providing this level of support to a selected group of new graduate nurses at this organization, the retention results for all nurses provided a 90% retention rate for 2011. This

retention rate demonstrated a 4.1% improved retention rate from the previous year, for the Department of Nursing at this academic medical center. This improved retention rate suggests that the BSN nurse residency program provided support to the new graduate nurse population employed in this care setting and thereby enhanced the retention rate for this organization.

Objective II: Elements of Support Provided by Nurse Residency Program

Participants were asked to provide their perceptions of support that the Program was designed to provide in each of the specific sections. Mean scores for all survey responses received were calculated to be greater than the baseline score of 4.0 (representing a “Good” response) for all sections of the instrument as shown in Table 1 below. (Note that raw scores for each respondent for all questions are also provided where respondents are represented as “NR#”.) As previously noted, a good response was considered necessary for employee retention after Program participation. Because of these combined results one may conclude that the Residency Program provided good support to the new nurses during their entry to professional nursing practice.

Table 1

Section	Mean		NR1	NR2	NR3	NR4	NR5
Clinical Skills	4.67	Q1	5	5	4	5	4
		Q2	5	5	4	5	5
		Q3	5	5	4	5	4
Critical Thinking	4.8	Q4	5	5	5	5	4
		Q5	5	5	4	5	5
		Q6	5	5	5	5	4
Ethics and End-of-Life Care	4.67	Q7	5	5	4	5	4
		Q8	5	5	4	5	5
		Q9	5	5	5	4	4
Cultural Diversity	4.67	Q10	5	5	4	5	4
		Q11	5	5	4	5	4
		Q12	5	5	5	5	4
Evidence-Based Practice	4.67	Q13	5	5	5	5	4
		Q14	5	5	5	5	4
		Q15	5	4	5	4	4
Leadership	4.8	Q16	5	5	5	5	4
		Q17	5	5	5	5	4
		Q18	5	5	5	5	4
Professional Accountability	4.67	Q19	5	5	4	5	4
		Q20	5	5	4	5	4
		Q21	5	5	5	5	4

Validity of Statistical Data Analysis

The study's design included the use of descriptive statistics for this evidence-based practice project. Measurement of the impact of the nurse residency program to the improved the retention rate of new graduate nurses was the primary focus of this portion of the study. Strategic issues such as validity of the data are minimized and allow for control of extraneous variables. Since the Nurse Resident subjects were from a single group and not separated, these are variables of interest. Because these variables were predictable, this assisted in measuring the differences between the outcome variables. The clear conclusions demonstrated the positive impact to the organization's retention rate after initiation of and participation in the nurse residency program in

the academic medical center patient care setting. Important factors for any study design are the relationship between the identified variables. The validity of the association between variables was addressed by this project by the use of planning methods to define anticipated outcomes for this project.

The validity of the data analysis was directly correlated to the sample size (Cullen, 2011). In the inaugural cohort of nurse residency program participants, the initial size of the group was purposefully kept small in order to effectively manage the logistics of initiation and maintenance of the new program in this care setting. Using a descriptive statistical study design, this author demonstrated the validity of the associated variables using the survey instrument tool provided to each participant, one-year post program participation.

Evidence-based Practice Question: Discussion of Results

The results of implementing the BSN nurse residency program in the academic medical and trauma care center clinical setting outline in this report provide conclusive evidence to support the clinical question for this capstone project. The data obtained from the survey participants clearly demonstrates that for all survey participants, participation in the BSN nurse residency program *did result* in increased retention rates for this group, one year after post-program successful completion.

Limitations, Recommendations, Implications for Change

In any study, threats to the reliability and validity in the analysis of the outcomes data being reviewed are a consideration. Low statistical power related to the small sample size is a factor of interest for this capstone project. It is necessary to note that the inaugural cohort of new

graduate nurses that this study reviewed initially had 15 participants. Because the sample size for this study was a relatively small, it may have a low statistical power and thus weakening the reliability of the results of this study (Cullen, 2011).

The author chose a descriptive design for this quality improvement project. This allowed for control of extraneous variables, since the subjects were chosen from a single university's School of Nursing, and did not contain participants from other regional university Nursing graduates. The variables contained in the study were the new graduate nurses who participated in the Residency Program. Clear correlations regarding the impact of nurses' Program participation on the retention rate in the acute care academic medical center health care organization were obtained.

Additional limitations to this study may include extraneous variables that may have impacted the retention rate for the new graduate nurse population, in a given academic medical center care setting. It is important to note that the 3.9% improvement noted in retention rates from 2010-2011 represented all nurses hired at the medical center. Retention data was not available for the targeted population prior to this study. Other variables may include reasons outside the control of an organization that provides a nurse residency program for new graduate nurses. Examples include nurses who relocate outside the metropolitan area of the medical center and resign their employment. Additional concerns included participant issues with organizational fit, familial obligations or other situation that interferes with the employment status of the RN. These extraneous variables are typical scenarios present in any workplace setting and can contribute to a possible decrease in retention rates experienced by practice settings offering Residency Programs to the new graduate nurses.

Recommendations

As provided by the Institute of Medicine's Report *The Future of Nursing: Leading Change, Advancing Health* (2010), it is imperative that collaborative partnerships form between Schools of Nursing and health care organizations to collectively support the new graduate Registered Nurse during the Residency year of professional practice. Future studies are needed to continue to examine the retention rates for this group after the second and subsequent years up to the fifth year in a longitudinal format. Additional studies for future cohort participants of this program will also be needed as the Program expands to include graduates of all BSN academic programs, and not be limited to graduates of only the partnership School of Nursing. Other recommendations for additional studies for this Residency Program would be to compare the retention outcomes of the traditional or first career new graduate nurse versus the accelerated or second-career new graduate nurses hired into their first professional nursing jobs in the academic medical and trauma care practice setting.

Health policy is needed to provide the professional framework for the Residency year to become the standard for all entry to practice expectation for all new graduate nurses. As the BSN degree becomes the baseline educational preparation for acute health care organizations seeking the coveted Magnet Nursing Excellence designation to demonstrate their commitment to Nursing excellence, new graduate nurses must be supported as they commit to patient care excellence in today's changing health care environment.

Conclusion

In response to the Institute of Medicine's recommendations regarding the *Future of Nursing: Leading Change, Advancing Health* (2010), health care organizations are expanding the professional development opportunities for the new graduate nurse. This proposal provides an in depth assessment of the need to address the transition to practice and retention issues faced by

new graduate nurses as they enter the professional practice arena, post academic preparation. The problem recognition underscores the need to provide support to the new graduate nurse population to adequately transition the nurse into the practice setting. The market and risk analysis provides compelling information needed to support the provision of a nurse residency program for the new graduate nurse market. Specific project objectives, including design methodology and measurable objectives, provide the framework for the Residency program. Improvements in the retention outcome metric in the academic medical and trauma center practice setting were noted as the major outcome of this study.

As collaborative academic and practice partnerships are increased, all stakeholders should incorporate a mechanism for continual role development for their new graduate nurses. For the best patient care outcomes, professional nursing practice is dependent upon the joint commitment by nursing leaders in academia and practice settings to promote excellence in patient care, education, and research for new graduate nurses.

Appendices and Acknowledgements

Appendix A

Academic Medical Center Nurse Residency Program Summative Evaluation (Survey)

The purpose of this evaluation is to obtain responses of the experiences of the 2010 New Graduate RN, after participation in the 2010 BSN Nurse Residency Program. Ratings on this scale are: **5=Excellent, 4=Good, 3=Fair, 2=Poor, 1=NA-Not Applicable**). Please provide your responses in the spaces provided:

Clinical Skills

- _____ 1. I was able to develop my clinical assessment skills during my Residency year.
- _____ 2. I feel confident in my ability to care for patients in a diverse and intensive practice environment.
- _____ 3. I had opportunities to learn clinical skills that are important to my nursing practice during the Residency year.

Critical Thinking

- _____ 1. The Residency program's Clinical Observations helped me to understand the patient's complete care experiences at ULH.
- _____ 2. I understand how to translate knowledge gained during my BSN academic experience, into competent clinical practice at the patient's bedside.
- _____ 3. After participating in the nurse residency program's workshops and clinical observations, my clinical decision-making skills were expanded.

Ethics and End-of-Life Care

- _____ 1. I have gained a better understanding of the ethical concerns related

to caring for patients at the end of life, after participating in the BSN nurse residency program.

- _____ 2. I have developed the knowledge needed to assess my patients for possible Palliative Care Team consultation, after participating in this Residency program.
- _____ 3. I feel more comfortable in advocating for the patient's end of life care needs, after participating in this Residency program.

Cultural Diversity

- _____ 1. After participating in the Residency program, I feel prepared to provide culturally competent care to the populations served at this hospital.
- _____ 2. The Residency program provided opportunities for practical application of Patient and Family-Centered care model to the diverse patient population at this health care organization.
- _____ 3. I feel competent in advocating for the cultural needs of my patients, after participating in the nurse residency program.

Evidence-based Practice

- _____ 1. The Residency program gave me opportunities to demonstrate knowledge translation to impact patient care outcomes at this hospital.
- _____ 2. After participating in this Residency program, I feel prepared to explore ways to improve upon current ways of providing patient care or related processes that impact the care provided.
- _____ 3. As a professional RN, I feel that my professional development was enhanced after providing an Evidence-based practice project for the Residency program.

Leadership

- _____ 1. The Residency program supported my efforts to become a leader in

patient care.

- _____ 2. As a result of the Residency program, I am better prepared to advocate for my patients and their care outcomes.
- _____ 3. As a professional RN, I demonstrate a commitment to my ongoing professional development as a patient care provider in the clinical practice setting.

Professional Accountability

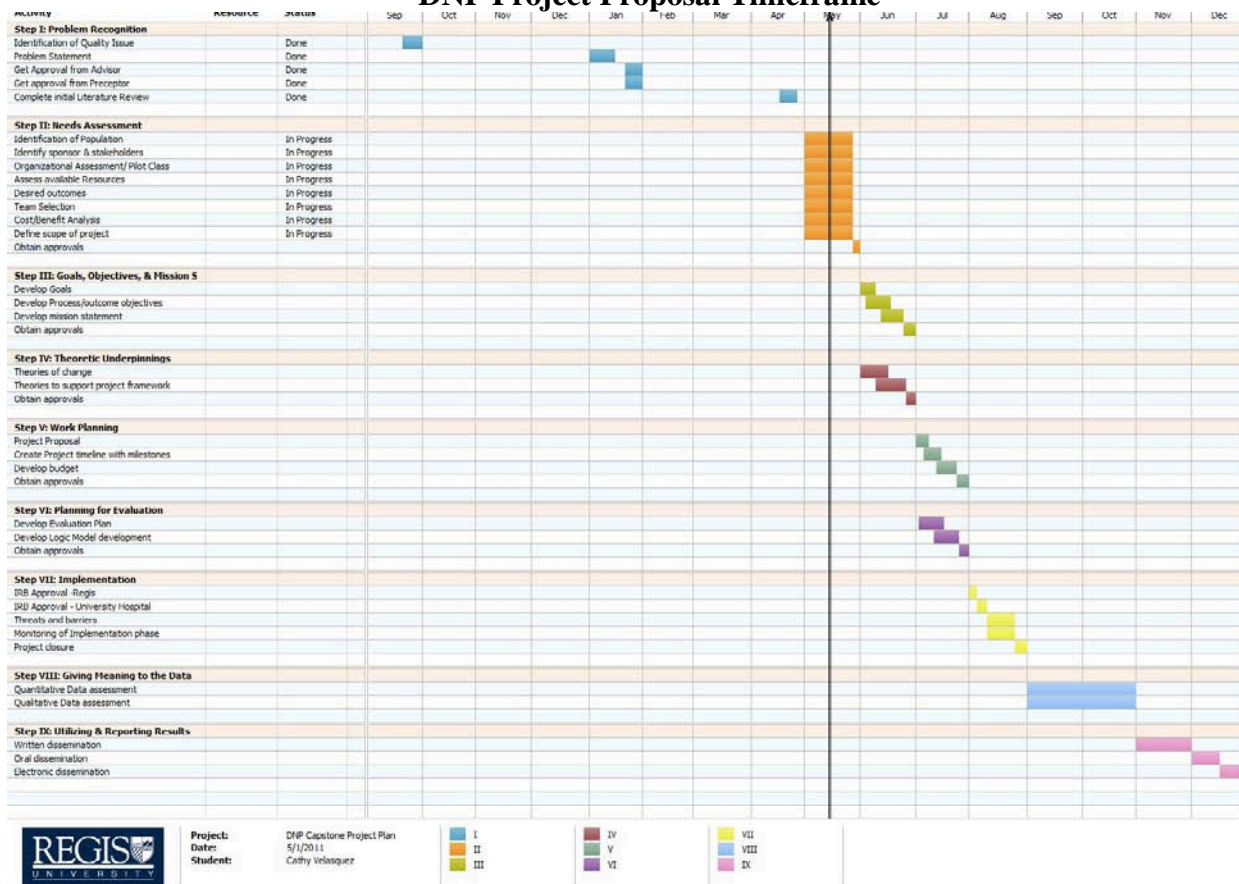
- _____ 1. The Residency program provided me with the knowledge I needed to understand my professional responsibilities in the patient care practice setting.
- _____ 2. After participating in the Residency program, I better understand my responsibilities to the profession of Nursing, as a patient care advocate.
- _____ 3. The Residency program gave me opportunities to develop my understanding of the ethical responsibilities related to patient care practices.

Thank you for your participation in this survey! Your responses will remain confidential, so please provide non-identifiable suggestions for improving the nurse residency program for future participants. Use the back side of this survey if more room is needed:

**Thank you,
Nursing Education and Research Department**

Appendix B

DNP Project Proposal Timeframe



Appendix C

The RN Nurse Residency Program for New Grad RNs in the Academic Medical Center Care Setting

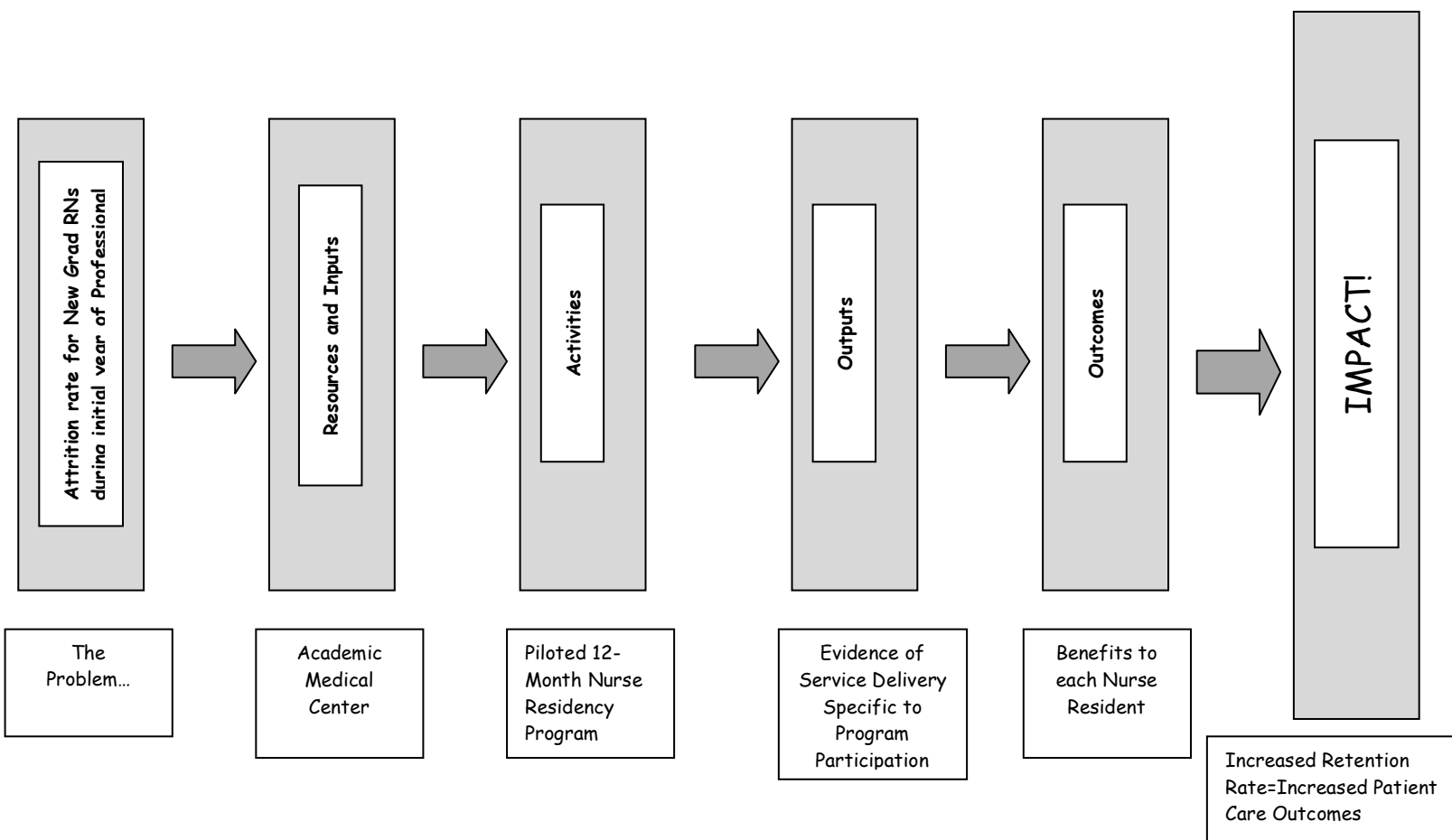
Resources-Inputs	Activities	Outputs	Outcomes	Impacts
Nursing Department Administrative Infrastructure : CNO/Director of Nursing Education & Research/Director of Magnet and Nursing Excellence	Comprehensive Trauma/Surgical/Critical Care (Burn/Stroke/Cardiac)/Progressive Care/Med-Surg care of Adult Patient Population Ages 16-70+; Level III NICU/OB Dept.	Adherence to Organizations' Patient Care Policies and Procedures for Standardized Patient Care	Enhanced Social Support: Role and Organizational foci	Program initiated with minimal impact to Nursing Education & Research Dept. annual budget.
Academic Partnership/Collaborative Infrastructure : Undergraduate Program Dean/Director of BSN Program School of Nursing	Comprehensive Joint Commission-Mandated Hospital Orientation/Nursing Dept-specific Orientation Classes/Documentation Training Course	Participation in Mandatory Hospital/Nursing Orientation classes and Documentation Training Courses, with demonstrated basic understanding of expectations and resources for further knowledge gathering	Broadened Organizational and Nursing Department-specific understanding of role expectations and associated patient advocacy.	N = 15 participants for initial cohort; Ongoing expansion to include bi-annual nurse residency programs to accommodate Spring and Fall/Winter Schools of Nursing graduations/peak hiring seasons.
Human Resource Structure Familiar with Hiring	Clinical area and unit-specific orientation 1:1 with RN Preceptor for 8-12 weeks of clinical orientation	Frequent (30-60-90 Days post-hire) Clinical Manager evaluations r/t organizational	Improved Knowledge of Disease, Transmission,	Ongoing Collaboration: Academic Medical Center and

Practices for Professional Nursing Staff		assimilation and successful transition to safe nursing practice.	Prevention, & Treatment for Community-specific and Trauma-related patient populations.	School of Nursing
Academic Medical Center's "Patient and Family-Centered Care Model" Facilitates Collaborative Practice	Ready Access to Affected Population providing care to reflective patient population served at the Academic Medical Center	Patient Satisfaction Survey Results	Demonstrates Perceived levels of job-related stress and absence from work due to Support received nurse residency program-specific activities	Enhanced patient care outcomes for community served, due to exceptional training and support for new grad RN's at the Academic Medical Center.
Program Staff: Clinical Managers/Nurse Directors/Program Coordinator/Advanced Practice Educators/Advanced Practice Registered Nurses who contribute to the nurse residency program	Additional Clinical area/department-specific classes to support ongoing unit-based professional development (ex: Critical Care Course/Dysrhythmia/Progressive Care Courses)	Participation in all department/clinical area-specific training classes with successful completion	Improved Functional Status and new grad RN related to work-life balance from supportive professional development functions	Shift in the Perception of New Grad RN's initial experience upon entry to professional practice from one of difficulty to a fulfilling first year of growth and support

Ready Access to Affected Population reflective of Patient Population Served by Academic Medical Center	Nurse residency program for new grad RN's: 12-month program: Clinically-significant observations to provide insight to inpatient care experiences	Participate in and successfully complete all nurse residency program's prescribed activities, including clinical observations/workshops/EBP projects/evaluations	Demonstrates plan to participate in ongoing Professional Development initiatives such as Clinical Certification/Preceptor Training, etc.	Cost-Effective Nature of Program and incorporation of EBP projects provides point-of-care nursing quality indicator data for enhanced patient care outcomes and resultant reimbursement for services provided
Established reputation in Community and Region for Excellence in Medical/Nursing/Trauma Patient Care	Nurse residency program additional activities: monthly workshops with didactic instruction on topics of clinical and organizational relevance to new graduate nurse's on-boarding experience.	Completion of monthly program evaluations; completion of comprehensive end-of-program evaluation for ongoing quality assurance of program.	Increased Level of Self-Care Skills	Increased Community Awareness of New Graduate RN support with resultant excellence in the nursing care experience of patients at the Academic Medical Center
	American Heart Association Basic Life Support/ACLS/PALS/NVCI/NRP/AWHONN (position-specific) and CEU's to support RN Licensure by Board of Nursing	Maintain BLS/ACLS/PALS/NVCI/NRP/AWHONN (position-specific certifications) and Licensure-specific CEU's.	More Efficient use of Health Care Dollars due to decreased attrition rate after participation	Decreased attrition rate of PGY-1 new graduate nurses decreases hiring expenses for

			n in 12-month program.	this population of RN staff.
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Appendix D



Appendix E

Budget and Resources

Professional Development Dept. Assets		Liabilities		Start-up Costs		Revenue (from increased employee retention)	
Office space: \$7.50/sq. ft. x 1200	\$9,000	Dept. Director Salary	\$65,000	Dept. Office and Equip. (<i>Indirect</i>)	\$35,575	New Nurse Salary:	\$55,000
Office desks : \$400.00/ea. x 3	\$1,200	Coordinator Salary	\$45,000	Marketing—no additional costs	\$0	Old Attrition Rate:	14%
Office chairs: \$125.00/ea. x 3	\$375	Admin. Asst. Salary	\$25,000	Salaries (<i>Direct</i>)	\$135,000	New Attrition Rate:	2%
Student tables: \$300.00/ea. x 6	\$1,800	Liability Insurance (\$6 Million/yr)	\$2,500	Benefits (<i>Indirect</i>)	\$15,000	Cost Savings:	12% of new nurses (e.g., \$297,000 for 45 new hires)
Student chairs: \$50.00/ea. x 12	\$720	Total:	\$137,500	Payroll Taxes (<i>Indirect</i>)	\$26,000		
Filing cabinets: \$500.00/ea. x 3	\$1,500			Office Supplies (pens, paper, ink, coffee) (<i>Indirect</i>)	\$500		
Shelving: \$75.00/ea. x 12	\$900			Total Direct Costs:	\$135,00		
A/V projector: \$1200.00/ea. x 1	\$1,200			Total Indirect Costs:	\$77,075		
Screen for AV: \$900.00/ea. x 1	\$900			Total Cost:	\$212,075		
Mac Computers: \$1700/ea. x 6	\$10,200						
Utilities-All Electric: \$125/mo. x 12	\$1,500						
Multi-Function Copier Printer	\$6,300						
Total:	\$35,575						

Appendix F

Systematic Review of the Literature

Systematic Review Evidence Table Format [adapted with permission from Thompson, C. (2011). Sample evidence table format for a systematic review. In J. Houser & K. S. Oman (Eds.), Evidence-based practice: An implementation guide for healthcare organizations (p. 155). Sudbury, MA: Jones and Bartlett.]							
Article Title and Journal	"Clinical Focus Program: Enhancing the Transition of Senior Nursing Students to Independent Practice. The Journal for Nursing Administration	"From University Student to Registered Nurse: The Perennial Enigma". Contemporary Nurse	"Nurse Residency Program: a 5-Year Evaluation from the Participant's Perspective". Journal for Nursing Administration	"Leadership Strategies to Enhance Transition from Nursing Student Role to Professional Nurse". Nursing Leadership Forum	"Transition Programs for New Grads: How Effective Are They?". Journal of Nursing Staff Development	"What Newly Licensed Nurse Have To Say About Their First Experiences". Nursing Outlook	"Post baccalaureate Nurse Residency: EBP in Action". Research and Theory for Nursing Practice: An International Journal
Author/ Year	Tondi Harrison and Stephanie Stewart, 2007.	Principle Author: Judith Clare/1996	Rosenfield et al, 2004	Karen Butler and Melanie Hardin-Pierce, 2005	Schempp & Rompre, 1986	Pellico, Brewer & Kovner, 2009	Caramanica & Feldman, 2010
Database and Keywords	CINAHL; Transition to Practice	CINAHL; education to employment	Medscape: post grad perspective	CINAHL: role transition	Medscape: transition programs	Medscape: first experiences/ new grad RN	Cochrane Library: nurse residency/ EBP
Research Design	Quantitative	Descriptive	Longitudinal	Descriptive	Qualitative	Qualitative	Qualitative
Level of Evidence	Level IV	Level V	Level V	Level VI	Level II	Level II	Level VII
Study Aim/ Purpose	Description of first-year outcomes for a collaborative NR program/ enhanced self confidence & skills	Discussion of identified gap between end of academic preparation and actual clinical practice/ work environment	To identify strengths and weaknesses of residency program, from participant perspectives	Identify transition issues r/t new grad nurse experience in practice settings/create program to address identified issues for this group	Describe and identify the effects of transition programs for new grad RNs, upon initial entry into practice.	To explore the perceptions of newly licensed RN's experience during role transition from academia to practice setting	Identify the role of EBP in nurse residency programs to assist in role development

Population Studied/ Sample Size/ Criteria/ Power	Young adult population ages 21-43/N=10/ attitude, interest in program, informal assessment of organizational fit	Young adult population/ no sample size provided/ new grad nurses from South Australia	Young adult population/N=422 with 122 responses/still employed at first job	Young adult/N=1169/ new grad RNs/first post-graduation practice setting	BSN Programs were subject studied/N=13 programs w/6 using standardized tool to measure effectiveness	New grad nurses in 34 states and District of Columbia who had passed NCLEX-N=3266 nurses in 51 metropolitan statistical area (MSA=size/ location) and 9 rural areas, with random selection of participants to measure outcomes provided in survey	New grad RNs from BSN program of study at Lienhard School of Nursing/N=6 residents per cohort (number not found)/ full-time positions/ designated review periods (3mo/6mo/1 yr/2yrs)
Methods/ Study Appraisal/ Synthesis Methods	Pilot project w/Data collection from 3 cohorts/ clinical experiences, specialty clinical rotations, online coursework	Surveys to pre-grad senior BSN students/ post-grad RNs in clinical practice/ examined national v. international trends for new grad nurses during the transition period of 1st year post-grad. Practice	Surveys to participants w/36% response rate calculated from those still employed at the initial practice setting, post-graduation	Anonymous survey/"Impact Event" scale to measure subjective stress	Subjective evaluation of programs using pretest/post-testing mechanism to		

Primary Outcome Measures and Results	Attrition rate; result of 85.7% retained one year post program participation for first cohort; 100% retained from 2nd cohort	Australia: variety of transition programs provided in this country; lack of social support still found in these programs	93% retention rate for respondents one year post-program with most (54%) employed in Med/Surg clinical areas, so slight overrepresentation for this specialty	47% provided absenteeism results due to horizontal violence; 58% reported being undervalued by peers; 34% had learning opportunities blocked/53% attrition rate for new grad RNs in 1st year of practice.	No statistical differences between interns and control subjects; subjective evaluations provided the basis for the bulk of the study/effects were divided into organizational, professional, individual, or other criteria to measure program outcomes from an organizational viewpoint	5 Emerging Themes: A- Colliding Expectations B-The need for speed C-You Want Too Much D- Mistreatment E-Change is needed	EBP projects were expected part of the nurse residency program; enhanced understanding of role as expert clinicians and significance of issues finding best care practices
Author Conclusions/ Implications of Key Findings	Successful ongoing results; demonstrating improved retention r/t enhanced professional development	Possible nursing education curriculum deficiency r/t expectations for practice	UHC NR program is effective mechanism for acclimating new grad RN's into the organization	Lack of consistent approach to transitioning new grads results in higher attrition rates/ opportunities exist to improve nursing org culture to better support new grad RNs	Without close collaboration between academia and practice, students will continue to be unprepared for the realities of nursing practice, and practice gap will continue for this group.	Work environments need to be scrutinized by nurse leaders; care context and political climate may need more review than holding academia preparation responsible for transition issues identified	Collaboration between practice and academia are essential for best outcomes for NR participants in EBP projects

Strengths/ Limitations	Unintended outcomes of unit educator involvement	Strengths: comparison of national/inter national trends; Weakness: lack of hard data to support the claims	S-positive feedback from participants; W-surveys not operational for optimal response	S-provides analysis of specific issues facing this group; W-no specific leadership ideals to address were included	S-provides measurable outcomes based upon program analysis; W-does not address results from all BSN programs: discusses types of programs and affects on students		
Funding Source	Organizational	Practice settings	Practice setting	Practice setting	Collaborative Academia/ Practice	Academia: New York University/ Univ. of Buffalo	
Comments	Total net savings to org: \$21500/ annually	Good to note trends from other nursing groups; not helpful for specific data analysis	Study included section of qualitative responses from prior participants for their perspective of the program	Provides specific stats and measurable outcomes of not having a NR program	Good assessment on programs and outcomes from organizationa l view	Excellence source of measurable outcomes from the perspective of academia/ student surveys	Excellent resource for EBP project initiation/ reflection of importance of collaborative relationships

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Article Title and Journal	"Specialized New Graduate RN Critical Care Orientation: Retention & Financial Impact. Nursing Economic\$.	"Evaluating an Innovative Program to Improve New Nurse Graduate Socialization into the Acute Healthcare Setting". Nursing Administratio n Quarterly	"Effects of One-Year Residency Program on Job Satisfaction of New Graduate Nurses". Journal for Nurses in Staff Development	"Preceptor Continuity in a Nurse Internship Program". Journal for Nurses in Staff Development	"The Impact of a Nurse Externship Program on the Transition Process from Graduate to Registered Nurse". Journal for Nurses in Staff Development	"Nurse Residency Programs: Preparing for the Next Shift". American Journal of Critical Care	"Transformational Learning during a Nursing Externship Program: The Reflections of Senior Students". Nursing Education Perspectives.
Author/ Year	Friedman et al, 2011	Newhouse et al, 2007	Altier and Krsek, 2006	Smith and Chalker, 2005.	Cantrell and Browne, 2006	Dracup & Morris, 2007.	Ruth-Sahd, Beck, & McCall, 2010

Database and Keywords	Medscape: new grad RN orientation	CINAHL: new grad RN programs	CINAHL; 1-year residency/new grad RN	CINAHL: RN Internship program	CINAHL: transition/new grad RN	Cochrane Library: nurse residency programs	Cochrane Library: transformational learning; nurse externship
Research Design	Retrospective Descriptive	Qualitative	Prospective Longitudinal	Descriptive/Retrospective	Descriptive/Retrospective	Qualitative	Qualitative
Level of Evidence	Level II	Level II	Level III	Level II	Level II	Level IV	Level II
Study Aim/Purpose	View retention between two independent groups of graduate RN's in Critical Care units of 2 tertiary care hospitals within a multi-hospital system	Retention outcomes for new grad nurses who participated in socialization activities v. those who did not participate	Evaluate the effect of participation in a NR program during the initial year of employment to job satisfaction and retention of New grad RNs	Determining how the new grad RN perceptions for the roll of a preceptor or multiple preceptors in a new grad program is instrumental in meeting the needs of a new grad RN	Distinguish how the externship program results in new graduate nurses who participate in nurse residency program at this organization	Number of new grad nurses in acute care settings need the support of a residency program to assist them in coping with the demands of the practice setting.	How a nursing externship changed the new graduate nurses at an inner-city trauma Magnet hospital
Population Studied/ Sample Size/ Criteria/ Power	New grad RN who has passed NCLEX within 1 year of hire/N=90	New grad RNs hired into FT positions by an academic medical center/N=200 participated in the activities, v. 1 unit's new grad RNs hired into FT positions that did not participate	Young adults in first employment post BSN program graduation/N=316/completion of both baseline and follow up surveys	Young adult population of all active duty nurses who worked in the military hospital as new nurse grads between Dec. 2000 and Nov. 2003; N=93	Young adult population of all active duty nurses who worked in the military hospital as new nurse grads between Dec. 2000 and Nov. 2003; N=93	Young adult new grad RNs in their first professional employment, post graduation; no N found	Young adult new grad RN's from ADN and BSN nursing programs, N=78
Methods/ Study Appraisal/ Synthesis Methods	Retention identified per de-identified Human Resources data	Survey to all in group at 12mo-18mo-24mo intervals, based upon continuous employment using instrument for this	Baseline and follow up surveys using descriptive and inferential statistical methods	Post-participation survey for all program participants upon program completion, and at 1 year post-completion	Employment records from Human Resources dept of military hospital, (used by permission)	Post-program evaluation of nurse residency program's first cohort.	Focus groups, surveys and interviews

		purpose					
Primary Outcome Measures and Results	Gender/ Degree in Nursing/ Ethnicity; Chi-square analysis=no significant difference in retention at 3mo/9mo/12 mo	For participants: Means were high in belonging to a group and organizational commitment and wider application to practice after first 6 months of employment and participation in socialization activities, v. those who did not participate	Measured results between Ethnicity, Gender, Previous non-nursing Degree, GPA>3.4 upon graduation/measurable success of retention of participants was greatest result, followed by job satisfaction	Turnover rate for participants noted at 17%, down from 23% from the first year of the Study. No differences in performance from those with or without a dedicated preceptor during the residency program.	The average percentage of nurse externs who converted to graduate nurse resident was 77.2% at the end of the externship, and 61.4% after 24 months of consecutive employment-on par with the National average for these groups.	Retention of participants- 89%, compared to turnover rate of 45% in the first year of employment	Program demonstrated beneficial for new grad nurses who participated in externship programs
Author Conclusion / Implication of Key Findings	Specialized programs for new grad RNs must exist to provide the needed support, regardless of specialty	Recognizes need for social support in addition to skill acquisition for new grad nurse/impact on turnover greatest at 6 month mark	Overall satisfaction directly correlated to participation in NR program/facilitating role transition is ideal for new grad RNs in academic medical centers	Socialization opportunities enhanced a nurses' perceived job satisfaction, brought on by the nurse externship (residency) program.	Nurse Externships are viable recruitment tool for new graduate RNs who understand the culture of the hospital and then seek to join as FT new grad nurse residents.	Hopes that findings demonstrate need for nurse residency programs with resultant funding from Medicare for the express purpose of retaining new grads at the bedside.	Participation In transition programs was demonstrated to ease the gap between education and practice.

Strengths/ Limitations	S-Specific info r/t program outcomes W-clinically specific info	S- Demonstrate s need for socialization integration for this Group. W- comparisons were given by department, not individually	S-Program prevents to prevent attrition W-no control group was used in the design.	S-Makes case to provide single preceptor during orientation phase; W-small sample size of the group without a preceptor	S-Extern role socialization prepared the new grad RN for FT employment; W-Extern gained true sense of level of responsibility of new grad RN at this facility- impacted retention of some nurse externs to the organization.	S-Retention rates; W-Unknown number of participant for comparison	S-Nursing externships ease the transition to professional practice for new grad RNs; W=Magnet designation by the hospital may influence the positive outcomes for these participants
Funding Source	Organizational /departmental	Organization	Organizational	U.S. Army (military hospital)	U.S. Army (military hospital).	Organizational	Practice setting
Comments	Excellent source of unit- specific info that is easily transferred to other settings.	Outstanding research to demonstrate the usefulness of applied socialization activities for new grad RNs	Relevant to my capstone- academic medical center care setting	Noted that socialization makes for a better transition process for new grad RNs	Makes case for nurse externship prior to nurse residency program, for best chance of retaining the new grad RN	Since transition programs are expensive, perhaps grant funding is a possibility.	Good info re: how positive Magnet culture contributes to the positive outcomes demonstrate d for externships.

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Article Title/ Journal	"Nurses' Development of Professional Self-from being a nursing student in a baccalaureate program to an experienced nurse". Journal of Clinical Nursing	"Turnover Intention in New Graduate Nurses: A Multivariate Analysis". Journal for Advanced Nursing	"Graduate Nurses' experiences of Developing Trust in the Nurse-Patient Relationship". Contemporary Nurse	"Meeting the Challenge of New Graduate Role Transition". Journal for Nurses in Staff Development	"A Review of Graduate Nurse Transition Programs In Australia" Australian Journal of Advanced Nursing	"Nursing First Year of Practice, Past, Present and Future: Documenting the Journey in New Zealand" Journal of Nursing Management	"Adequacy of Support for new graduates during their transition into the workplace: A Queensland, Australia study" Internationa l Journal of
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							Nursing Practice
Author/ Year	Bjorkstrom, Athlin & Johansson, 2007	Beecroft, Dorey & Wenton, 2007.	Belcher & Jones, 2009.	Winfield, Melo & Myrick, 2009	Levett-Jones & Fitzgerald, 2004	Adlam, Dotchin & Hayward, 2009.	Parker, Plank & Hengey, 2003
Database and Keywords	CINAHL; role transition to new grad RN	CINAHL; attrition/turn over new grad RNs.	Medscape: new graduate nurse experience	Medscape: new grad role transition	Medscape: graduate nurse; transition to practice	Medscape: new grad RN role transition	CINAHL: new grad nurse/retention
Research Design	Level II	Level II	Level III	Level IV	Level V	Level V	Level III
Level of Evidence	Quantitative/ Longitudinal	Multivariate Analysis	Qualitative Exploratory Descriptive	Qualitative Retrospective	Qualitative	Qualitative	Quantitative
Study Aim/ Purpose	To investigate how baccalaureate nurses conceive their professional self over time.	Determines new nurse turnover intent with individual characteristics, work environment variables, and organizational factors & to compare new nurse turnover with actual turnover in 18 months of employment, after participation in a residency program.	Explore and describe graduate nurse's perceptions and experiences of establishing trust in the nurse-patient relationship.	Discussion on how the nurse residency program yields positive results to decrease attrition in the first year post-graduation for BSN graduates.	To demonstrate if formal NR programs are needed, or if use of resources to accommodate a warm cohesive group dynamic in nursing units would have the same outcomes as a formal program	Documents the journey of graduate nurse support in New Zealand from local programs to nationally consistent framework	Strategic planning for union activity/support for new graduate nurses

Population Studied/ Sample Size/ Criteria/ Power	Young adults in new grad RN positions upon graduation from BSN degreed programs of study/ N=163	Young adult new grad RNs who participated in a standard residency program/ N=889	First year new grad nurses; Young adult population/ N=7	Young adult new grad RNs with BSN degree/ N not listed	Young adult new grad RN's with BSN/ N not listed	Young adult new grad BSN-degreed nurses in New Zealand/ N=not listed	New grad RN's with BSN degree-young adult population/ N=2800
Methods/ Study Appraisal/ Synthesis Methods	Self-descriptive form upon employment entrance (after graduation)/ just before graduation, then 3-5 years post graduation.	Instrument: used published tools in addition to the Skills Competency Self-Confidence Survey to determine psychometric s over period of 4 years of the assessment	Purposeful sampling provides typical results of the study, across a typical population	Retrospective; used HR data to demonstrate retention practices after graduation from 12-month residency program	Study/Analysi s of formal NR programs and their outcomes	Study to assess the lack of consistency for New grad residency programs in that country with a pilot projected program	Postal survey to all with respondents numbered at 1477
Primary Outcome Measures and Results	All rated their professional self highly and increased significantly during the first year of the evaluation.	Turnover Intention scale ("TI intent") Demonstrate younger respondents were more likely to indicate TI rather than older respondents (>age 30 years)	Developing a trusting relationship based on mutual comfortable feelings about the experience; building a rapport with trust as natural consequence; communication is most important component	Nurse residency programs should be 12 months in length in order to obtain best outcomes.	Type of practice environment that is suitable for new grad professional development equally enhances the changes for decreased attrition, when compared to formal NR programs.	Strong need identified for consistency in NR programs across New Zealand for best new grad RN outcomes as expert clinicians.	Australian job designation impacted perceptions of support for these new grad RN's

Author Conclusion s/ Implication s of Key Findings	Participants see themselves as Well-equipped for the role of RN, after participation In the residency program.	Inverse relationship between age and TI was not a surprise since it turned up at all levels of clinical nursing (Med/Surg or Critical Care)	Feeling successful in establishing trust is a direct result of a trusting relationship with the preceptor-new grad nurse relationship during the orientation phase of the new grad RN's experience	Nurse residency programs are a longer-term solution to respond to issues r/t clinical attrition in the new grad RN population	Research on nursing practice exemplars is needed to develop the key primary outcome re: practice setting is the overriding concern for new graduate nurse retention rates.	First year of practice remains a challenge internationally and nationally; nursing education and practice settings need to reflect the needs of these new grad RNs for best outcomes	Adequacy of support differs; consistency is key to retention of these nurses.
Strengths/ Limitations	S-Knowledge mastery occurred to create feelings of mastery of nursing role expectations; w-Judgment of professional self: decreased with experience- more research is needed to verify why this occurs.	S-Personal feelings about the work group are as important as seeing enjoyment in one's job; W-Factors to distinguish job satisfaction not listed.	S-Clinical support for the new grad nurse increased the likelihood of positive nurse-patient interactions after the orientation phase was completed; W-Sample size small	S-cites multiple studies for reader 'buy-in' for nurse residency programs; W-Ongoing study	S-Cites multiple studies and Patricia Benner's theory to support claim; W- Encourages more research without providing actual roadmap for creating change in practice settings.	S-fresh perspective re: consistency of program offering; W-Retention was not measured for this study.	S-provides study of ages of nurses and perceptions of support; W-Presence of gender bias
Funding Source	Academic/ Practice Partnership providing NR program	Practice setting	Academic setting	Practice setting	Academic setting	Academic settings	Federal- Australian

Comments	Good info for my capstone r/t: judgment of professional self (self-actualization of role of RN)	Odds of turnover greatly decrease when pay and practice setting support are congruent with new grad nurse expectations	From a student's perspective, rapport/socialization into the role is a key factor in successful nurse-patient interactions/trusting relationship for best clinical outcomes.	Good info for capstone re: ongoing studies to support nurse residency programs for new grad nurses.	Agree with more research re: practice setting ideals for best new grad RN outcomes during the first year of employment	Retention is not quantified for this study, but brings a good point Re: consistency of programs	Interesting re: perceptions of support and varying levels of professional development
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Article Title and Journal	"Transition Shock: the initial stage of role adaptation for newly graduated Registered Nurses	"New Graduate Transitions: Leaving the Nest, Joining the Flight" Journal of Nursing Management	"Nurse Residency Program: The Utah Experience" Journal of Health Care Management	"Improving Retention, Confidence, And Competence of New Graduate Nurses: Results from a 10-year Longitudinal Database" Nursing Economic\$	"Clinical Immersion: A Residency Model for Nursing Education" Nursing Education Perspectives	"Creating a Nursing Residency: Decrease Turnover and Increase Clinical Competence: Med/Surg Nursing	"Outcomes of a Simulation-Based Nurse Residency Program" Clinical Simulation in Nursing
Author/Year	Duchscher, 2009.	Morrow, 2009	Poyton et al, 2007.	Ulrich et al, 2010	Diefenbeck et al, 2006.	Welding, 2011	Beyea et al, 2010
Database and Keywords	CINAHL: role transition/new grad RN	CINAHL; new grad RN role transitions	Cochrane Library; NR programs	CINAHL; retention of new grad RNs	Medscape: nurse residency model	Med cape: nurse residency	CINAHL; residency programs/simulation
Research Design	Qualitative	Qualitative	Qualitative	Quantitative	Quantitative	Qualitative	Quantitative
Level of Evidence	Level VI	Level VI	Level VI	Level II	Level VI	Level VI	Level III

Study Aim/ Purpose	To Provide a theoretical framework for effective role transition	Explores lived experiences of the transition of new grad RNs during the first year of practice	Aims to provide a roadmap to designing a nurse residency program reflective of institutional initiatives	Facilitate the transition into clinical practice for new grad nurses at CHLA.	To present a residency program for new grad nurses that focuses on clinical immersion as the focal point of the program	To decrease attrition rate in new grad nurses during the first year of employment	To demonstrate how the use of simulation increases competence, builds confidence and increases the readiness to practice for new grad RNs
Population Studied/ Sample Size/ Criteria/ Power	Young adult new grad RNs in first 3 months of first professional employment/ N=24	Young adult RNs with BSN degrees in their first professional role in Canadian hospitals	Young adult new grad RNs from Associates or Bachelor's degree nursing programs/ N= not identified	New grad RNs who have passed NCLEX and hired at CHLA as their first professional practice setting/ N=56	Young adult new grad nurses with BSN degree at University of Delaware Hospital/ N=not found	Young adult BSN nursing graduates in first professional clinical role in practice setting/ N=not found	Young adult new grad nurses with BSN degree hired into FT positions at Dartmouth-Hitchcock Medical Center/ N=61
Methods/ Study Appraisal/ Synthesis Methods	Grounded Theory instrument to measure qualitative survey/questionnaire	Literature review re: highlighting transition of new grad RN's, and actions to support these new RNs	Surveys and questionnaires throughout the piloted program	Measurement instruments post workshop evaluations/demographic surveys/ Post program questionnaire.	Clinical and simulation immersion with assessments to measure identified learning outcomes	Session evaluations (monthly) end-of-program evaluations/ Questionnaire to determine probability of retention long-term (2-5 years)	Piloted project; real-time feedback in simulation lab; data collected on outcomes after week 1, 6, 12 and end of program
Primary Outcome Measures and Results	Provides that a slow but continuous orientation gradually prepares these new grad RNs as they are able to handle the increased tasks	Retaining new grad nurses is dependant upon the level of support provided in practice settings during the critical first year of clinical practice, post-graduation	Four components to successful program: adaptive curriculum, promotion of autonomy, mentoring and meeting the needs of Associate-degree new	Turnover metrics: measured monthly from months 12-60 for the piloted group; result of 7% attrition from piloted group at the 12-month metric	Clinical inquiry promotes clinical confidence and therefore decreases attrition rate when utilized.	95% retention rate after initial piloted group graduated from the Program, based upon HR data collections 2-5 years post-graduation from the	Inpatient settings typically have high acuity patients in Med/Surg areas, so simulation to project case studies scenarios assisted

Source							funded
Comments	Applicable info for my capstone re: role development	Socialization factor/capstone ideal	Provides a roadmap for curriculum development and expansion	Provides useful content for post-program evaluation for capstone	Interesting focus re: clinical immersion nurse residency program-could provide interesting balance to residents	Validating info for my capstone	Seek to integrate simulation in didactic training workshops for this population

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Article Title and Journal	"How Work Environment Impacts Retention" Nursing Economic\$	"A Magnetic Strategy for New Graduate Nurses" Nursing Economic\$					
Author/Year	Christmas, 2008	Halfer, 2007					
Database and Keywords	CINAHL; nursing retention, new grad RNs	Medscape: new grad RNs/support					
Research Design	Qualitative	Quantitative					
Level of Evidence	Level VI	Level II					
Study Aim/Purpose	Discussion on how practice settings/work environment directly impacts retention of new grad RNs	Reviewed a nurse residency program from a Magnet-designated hospital: orientation was redesigned to meet the needs of new grad RN's					

Population Studied/ Sample Size/ Criteria/ Power	Young adult new grad RNs with BSN degree/ N=700	Young adult new grad RN's with BSN degree in Academic Medical/Trauma center. N=not found					
Methods/ Study Appraisal/ Synthesis Methods	HR records/ Magnet designation	Magnet designation information/ HR records; evaluations throughout the program					
Primary Outcome Measures and Results	Demonstrated that residency programs offer safe and supportive environment to provide balance to overwhelming clinical settings	65% decrease in attrition after the initial 12-month program was initiated					
Author Conclusion Implication of Key Findings	12-hour shifts need to be reconsidered to retain knowledgeable staff to effectively train the new grad RNs	A well-designed nurse residency program can have a 'magnetic' business impact by increasing job satisfaction while decreasing the recruitment and retention costs for new grad RNs					

Strengths/ Limitations	S-addresses mature workforce concerns	S-Addresses business impact to organizations who have residency programs; L-Costs savings are approximate, depending on many factors.					
Funding Source	Organizational /Academia	Organization al					
Comments		Excellent source of info Re: capstone demonstratio n of cost impact to organizations					

Institutional Review Board Letter of Approval

(pending receipt of official letter of approval)

IRB PROTOCOL – Details: University of Louisville Office of Human Subjects Protection Program

Tracking #

12.0087

PI

Velasquez, Cathern

Title

Outcomes of the ULH Nurse Residency Program: A Pilot Project

Version

3

Status

Approved

Status Date

4/16/2012 12:29:42 PM

Board

Social/Behavioral/Educational

Meeting Date

Approval Date

4/12/2012 12:00:00 AM

Expiration Date

4/11/2013 12:00:00 AM

Academic Institutional Review Board Approval

From: Institutional Review Board
Sent: Tuesday, November 01, 2011 1:15 PM
To: Schreiber, Valerie; Velasquez, Cathern S
Cc: Mullen, Patricia
Subject: RE:

Cathern, your study entitled "Outcomes of the ULH Nurse Residency Program: A Pilot Project" is approved as an exempt study under 45CFR46.101(b)(2) (survey research). A consent form is not required for exempt studies, but a statement of consent on the opening page of the survey is suggested. You must provide a letter of approval from the site institution for conducting the research prior to beginning data collection. A very good concept that addresses the important issue of young nurse retention.

My best wishes on the completion of your study.

Daniel

Carpe niceterium,

Daniel Roysden, Ph.D., Regis University IRB Chair
Assistant Professor
Regis University
Department of Health Care Ethics
Reukert-Hartman College for Health Professions
3333 Regis BLVD, Mail Code G-5
Denver, CO 80221

303-964-3691

CITI Training Certificate

CITI Collaborative Institutional Training Initiative

Human Research Curriculum Completion Report Printed on 4/16/2012

Learner: Cathern Velasquez (username: RocketDog02)

Institution: Regis University

Contact Information Department: Reuckert-Hartman College for Health
Professions
Email: velas323@regis.edu

Social Behavioral Research Investigators and Key Personnel:

Stage 1. Basic Course Passed on 06/09/11 (Ref # 6145873)

Required Modules	Date Completed	
Introduction	06/08/11	no quiz
History and Ethical Principles - SBR	06/08/11	4/4 (100%)
The Regulations and The Social and Behavioral Sciences - SBR	06/08/11	5/5 (100%)
Assessing Risk in Social and Behavioral Sciences - SBR	06/09/11	5/5 (100%)
Informed Consent - SBR	06/09/11	5/5 (100%)
Privacy and Confidentiality - SBR	06/09/11	5/5 (100%)
Regis University	06/09/11	no quiz

For this Completion Report to be valid, the learner listed above must be affiliated with a CITI participating institution. Falsified information and unauthorized use of the CITI course site is unethical, and may be considered scientific misconduct by your institution.

Paul Braunschweiger Ph.D.
Professor, University of Miami
Director Office of Research Education
CITI Course Coordinator

Agency Letters of Support of Capstone Project



RE: Letter of Support for Cathern Valezquez DNP Capstone Project

FROM: Anna M Smith RN MSN
Administrative Director, Emergency/Trauma Services

DATE: April 11, 2012

This letter acknowledges my understanding of and permission for Cathern Velazquez, DNPC, MSN, RN, CPHM to submit her proposed capstone project to the Regis University, Lowell Campus Institutional Review Board (IRS). Following approval, and in accordance with all other institutional IRB policies and procedures impacted in any way by her research, I will support her in the completion of her project to the best of my ability.

Mrs. Velazquez demonstrates the knowledge and skill set required to complete her proposed project while assuring human subjects are protected according to the principles of research with human subjects (45 CFR 46) and the strong ethical principles she and the University require at all times. Mrs. Velazquez demonstrates a high level of integrity, compassion, and commitment to the nursing profession. Her team-oriented skills were evident in the performance of her capstone project.

It is without reservation that I endorse this candidate. Please feel free to contact me if other documentation or support is needed

Sincerely,

Anna M Smith BSN, RN, MSN
Administrative Director Emergency/Trauma Services
University of Louisville Hospital
530 South Jackson Street
Louisville, KY 40202

University Hospital

a proud member of
UofL HealthCare

Date: 06 April 2012

Regis University
3333 Regis Boulevard
Denver, Colorado 80221-1099

Re: Letter of Support for C. Velasquez DNP Capstone Project

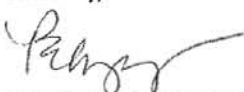
To Whom It May Concern:

This letter acknowledges my understanding of and permission for Cathern Velasquez, DNPc, MSN, RN, CPHM to submit her proposed capstone project to the Regis University, Lowell Campus Institutional Review Board (IRB). Following approval and in accordance with all other institutional IRBs, policies and procedures impacted in any way by her research, I will support her in the completion of her project to the best of my ability.

Mrs. Velasquez demonstrates the knowledge and skill set required to complete her proposed project while assuring human subjects are protected according to the principles of research with human subjects and the strong ethical principles she and the University require at all times. Additionally, Mrs. Velasquez displays a passion for the Nursing profession and for the development of new graduate nurses into competent, caring clinical practitioners. She displays extraordinary time management and organizational skills, as well.

Please contact me for further information as needed.

Sincerely,



Pamela Smith Elzy, BSN, RN, MA, CNOR
Director: Education, Research, & Clinical Informatics
University of Louisville Hospital
530 South Jackson Street
Louisville, Kentucky 40202



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